



## WONDERS ON THE WABASH

### Liability Waiver

I understand and acknowledge that activities in and around a river entail some level of risk. I, the undersigned, being the student, parent, legal guardian, and/or volunteer involved in the WOW program event, do hereby, for myself and any volunteer for whom I am a parent or legal guardian release, discharge, hold harmless, and forever acquit Tippecanoe County, the Tippecanoe County Partnership for Water Quality (consisting of Tippecanoe County, City of Lafayette, City of West Lafayette, Purdue University, Town of Battle Ground, Town of Dayton and Ivy Tech Community College) West Lafayette Parks Department and their officers, agents, representatives and employees (hereinafter "the released parties") from any and all actions, causes of action, claims or any liabilities whatsoever, known or unknown now existing or which may arise in the future on account of or in any way related to or arising out of participation in the event, including without limitation, those arising out of claims that the released parties were negligent. I understand that this waiver is being relied upon as a material inducement to allow participation in the event.

Today's Date: \_\_\_\_\_

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Photo/ Video Release

I agree that any photos or video taken of my child while participating in Wonders on the Wabash (September 5, 6, 7, 2017) may be used to promote public awareness about the Wabash River, watersheds and water quality in TCPWQ brochures, news articles, websites, Facebook, Twitter and other media source.

In exchange for this appearance in videos and photos TCPWQ will provide a copy of the produced DVD to all participants.

\_\_\_\_ Yes, I give my permission for my child's photo and/or video to be used for public awareness.

\_\_\_\_ No, my child's photograph and/or video **may not** be used for public awareness.

Child's Name: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_